

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **128**

Registered No. **195**

County **Graham**

State **Arizona**

Township **Pima**

or Village **Pima**

City **Pima**

No. **1** St. **Ward**

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

John T. Cluff

(If child is not yet named, make supplemental report, as directed)

3. Sex

male

If plural births

4. Twin, triplet or other **single**

6. Premature **yes**

7. Legiti- **yes**

8. Date of birth **July 29, 1932**

(Month, day, year)

5. Number, in order of birth **4**

Full term **yes**

mate? **yes**

9. Full name

John T. Cluff

FATHER

18. Full maiden name

MOTHER

Evelyn Cox

10. Residence (usual place of abode)

(If nonresident, give place and State)

Pima, Ariz

19. Residence (usual place of abode)

(If nonresident, give place and State)

Pima, Ariz

11. Color or race

White

12. Age at last birthday **40** (Years)

20. Color or race

White

21. Age at last birthday **34** (Years)

13. Birthplace (city or place)

(State or country)

Pima, Arizona

22. Birthplace (city or place)

(State or country)

Wich, Mich.

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Housewife

16. Date (month and year) last engaged in this work

1932

17. Total time (years) spent in this work

19

25. Date (month and year) last engaged in this work

7-28, 1932

26. Total time (years) spent in this work

19

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living **3**

(b) Born alive but now dead **1**

(c) Stillborn

28. If stillborn, period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **7-29** at **2:10 P.M.** on the date above stated

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) **J. M. Markie**

M. D.

or

Midwife

Given name added from

a supplemental report

(Date of)

Address **Safford**

Filed **Aug 18, 1932**

Registrar

Filed **Aug 18, 1932**

Registrar

136-0729-537